Liverpool Education Committee

Report on the work of the School Health Service

1973

PRIVATE
AND
CONFIDENTIAL

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Report on the work of the School Health Service

1973

By Andrew B Semple, CBE, VRD, MD, FFCM, DPH
Principal School Medical Officer

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Staff
as on 31 December 1973

Principal School Medical Officer
Professor Andrew B Semple, CBE, VRD, MD, FFCM, DPH
(also Medical Officer of Health)

Principal Medical Officer (School Health)
A M Brown, MB, ChB, MFCM, DPH

Senior Medical Officer (School Health)
James C Taylor, MD, MFCM, DPH

School Medical Officers

Senior Clinical Medical Officers
Muriel C Andrews, MB, ChB, MFCM, DCH, DPH
Catherine S Ellams, MB, ChB, MFCM, DPH
June Phillips, MB, ChB, MFCM, DPH
Irene W Simpson, MB, ChB, MFCM, DPH, FRSH
Lorna J Shankland, MB, ChB, DCH

Whole-time School Medical Officers
Marilyn E Beddows, MB, ChB
Sarah Ferguson, MB, ChB, DPH, DTMH
David M Hughes, MRCS, LRCP

Part-time School Medical Officers
Marie Burns, MB, BcH, DAO (NUI), DA
Deirdre Carroll, MB, BcH, BAO, BSC
Barbara Hitch, MB, ChB, DObst, RCOG
Joseph Jack, LRCP, LRCS, LRFPS
Audrey E Jaques, MB, ChB
Delyth Wyn Jones, MB, ChB, DCH
Jean Judge, MB, ChB
Cornelius P Kennedy, MB, ChB, BAO
Olive M McKendrick, MB, ChB
Margaret B E O'Neill, BA, MB, ChB, BAO
Catherine Page, MB, ChB, DObst, DCM, DTMH
Flora Quin, MB, ChB
Christina E C Stead, LRCPS, LRFPS
Kenneth Walley, MB, ChB
Pamela J White, LRCP, MRCS
Muriel G Yates, MB, ChB, DCH

Visiting School Medical Officers to residential schools
John F Bell, MB, ChB
Oskar Dover, MB, ChB
Henry R Jones, MRCS, LRCP
Cyril W L Jones, MB, BS, MRCS, LRCP
John Lawson, MB, ChB, MRCS, LRCP
Robert Lynch, MB, ChB
Janet H Smellie, MB, ChB, DCH
Charles W Warner, MC, MB, ChB, MRCGP

Nursing Officers

Divisional Nursing Officer
Miss M J Dyke, SRN, SCM, HVCert

Area Nursing Officer
Mrs A E Wilson, SRN, SCM(Pt I), HVCert

Nursing Officers
Miss E Connor, SRN, SCM, HVCert
Miss H. Crowther, SRN, SCM, HVCert
Mrs E C Smith, SRN, SCM(Pt I), HVCert
Mrs J E Wright, SRN, SCM Pt I), HVCert

Dental Officers

Principal School Dental Officer
P E Goward, BDS

Senior School Dental Officers
Alexander N Crawford, BDS
Barbara Johnson, LDS
Glenys Taylor, BDS

Whole-time School Dental Officers
John Dzelzainis, BDS
Kevin Harte, BDS

Part-time Dental Officers
Frank Bal
G S Ball, LDS
A K Bhattacharyya, LDS, RCS
John Cornah, BDS
Angela F J Davies, LDS
Michael Gould, LDS, RCS
Michael A Quinn, BDS
Norman O Watchman, LDS

Dental Auxiliary
Ailsa M Garrett

Psychologists

Senior Educational Psychologists
A Ian Berry, BA, DEP, (CG)
Colin Critchley, MA, BA, DEP, (CG)

Educational Psychologists
Anthony Baldwin, BSc
James J Doyle, BSc
Peter T Farrell, BA
Heather Hunt, BSc, MPhil
David T Jones, BA
Gerald Lewis, BA
Keith Lindley, BA
Sean Moore, BA, Dip Ed
Geoffrey J Mount, BSc
Judith Poole, BA
Wendy Wade, BA, Dip App Psych
Christine Walker, BSc

Social Workers

Principal Social Worker
Joyce W Lloyd, AAPSW, DASS (Mental Health)

Senior Social Worker
Stanley F Ambrose, AAPSW, DASS (Mental Health)

Part-time Senior Social Worker
Maire M Williams, DSoc studies

Social Workers
Maeve P Bourton, Soc Sc cert
Gillian Z Chambers
Joy L Hill, BA
Alan Johnstone, BSc (Econ)
Sandra Lindley, BA
Pamela Wylie, Dip Soc Work

Staff Officer, Community Nursing Services
Phyllis M Repton, SRN, SCM, HVCert

Speech Therapists

Senior Speech Therapist
W G Good, LCST

Part-time Speech Therapists
Judith Carman, LCST
Kathleen M Paxton, LCST

Physiotherapists

Superintendent Physiotherapist
Rena Adams, MCSP

Senior Physiotherapists
Valerie Cushing, MCSP
Pamela Hale, MCSP

Part-time Senior Physiotherapist
Joan Hayes, MCSP

Physiotherapist
Patricia Benson, MCSP

Part-time Specialist Officers

Oculists
David Black, MB, BCh, BAO, DOMS
(also visiting oculist for partially-sighted children)
Fred Dexter, LMSSA
Krishnan Kaushal, MB, BS, DO(Lond), FRCS (ED)
Henry M Rose, MRCS, LRCP, DO
J Ghosh, MB, BS, FRCS, DO

Orthopaedic Surgeons
F C Dwyer , MB, ChB, MCh(Orth), FRCS
(also visiting consultant for spastic units)
A G O'Malley, MB, ChB, MCh(Orth), FRCS
G L Shatwell, MB, ChB, MCh(Orth), FRCS

Consultant Neurologist
J Rees Roberts, VRD, MD, MRCP

Paediatric Consultant at Greenbank and Sandfield Park Schools (spastic units)
R L J S Derham, MB, ChB, MRCS, LRCP, DCH, DPH

Consultant Paediatric Surgeon at Greenbank and Sandfield Schools (meningocele units)
R C M Cook, FRCS

Consultant Orthopaedic Surgeon at Greenbank and Sandfield Schools (meningocele units)
E H Strach, MC, FRCS, MCh(Orth)

Consultants to Child Guidance Service
Patrick Harper, MB, BCh, BAO, DPM
Janet M Heyes, MB, ChB
Hugh F Jarvie, MD, DPM, DPH, BSc
Malcolm J MacCulloch, MD, DPM
Jean M Naylor, MB, ChB, DCH, DPM
Philip Pinkerton, MD, DPM
Sheila L Wright, MB, ChB, DCH, DPM

Otologists
Robert Pracy, MRCS, LRCP, MB, BS, FRCS
Sukh Dev Singh, MB, BS, DLO, FRCS

Anaesthetists
Anthea M Bushby, MRCS, LRCP, MB, ChB, DA
Muriel D Dalby, MB, ChB, DA
T Patrick Murray, LRCP and S, DA, FFARCSE

Orthodontists
June P. Murray, BDS, DDORFPS
Margaret Rowe, BDS

Administration

Chief Assistant
J Johnson, DPA

Senior Assistant
L. Armstrong

Staff Changes

New Appointments

1.3.73	Delyth Wyn Jones	School Medical Officer
1.6.73	Catherine Page	School Medical Officer
1.10.73	Marie Burns	School Medical Officer
29.10.73	Deirdre Carroll	School Medical Officer
17.9.73	Joseph Jack	School Medical Officer
1.8.73	Edith Connor	Nursing Officer
6.8.73	John Dzelzainis	School Dental Officer
25.6.73	John Cornah	School Dental Officer
25.9.73	Michael A Quinn	School Dental Officer
1.8.73	Ailsa Garrett	Dental Auxiliary
1.5.73	James J Doyle	Educational Psychologist
1.1.73	Geoffrey J Mount	Educational Psychologist
17.9.73	Gillian Chambers	Social Worker
1.8.73	Joy L Hill	Social Worker
20.8.73	Alan Johnstone	Social Worker
1.12.73	Patricia Benson	Physiotherapist
26.2.73	Muriel D Dalby	Anaesthetist
24.1.73	Margaret Rowe	Orthodontist

Resignations

31.5.73	David Lewis	School Medical Officer
31.10.73	Margaret C Black	School Medical Officer
9.2.73	Elliot B Krasner	School Medical Officer
17.7.73	Ann Langan	Senior School Nurse
30.11.73	Ann Rodenhurst	Senior School Nurse
31.10.73	Stephen Colbeck	School Dental Officer
13.4.73	Caroline Knowles	School Dental Officer
31.5.73	Susan Davies	Dental Auxiliary
30.6.73	Carol Hankinson	Dental Auxiliary
31.10.73	Patricia Giles	Senior Social Worker
31.8.73	Margaret Groves	Senior Social Worker
30.9.73	Ailie Kerrane	Social Worker
30.6.73	Caroline Mullenger	Social Worker
31.8.73	Erica Piepenstock	Social Worker
31.3.73	Sybil Wetton	Social Worker
31.7.73	Margaret Moore	Senior Physiotherapist
14.3.73	George McLoughlin	Anaesthetist
24.1.73	Frank Rowe	Orthodontist
18.2.73	Eric Colvin	Chief Assistant (Admin)

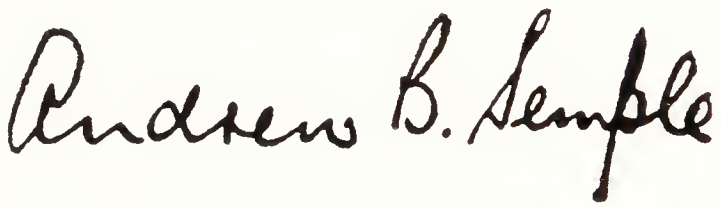
Introduction

Staffing

The number of both School Medical Officers and School Dental Officers in post has increased slightly during 1973, but the number of Dentists remains quite inadequate, at the equivalent of 10 full-time officers, to provide a satisfactory service.

This is the last Annual Report which I shall submit to the Education Committee as Medical Officer of Health and Principal School Medical Officer to the City of Liverpool, and again I would wish to thank the Elected Representatives and the Director of Education and his staff for their support and help in the recommendations I have made.

I would like to add that as Area Medical Officer to the new Area Health Authority it will be my policy to continue to provide the medical and other health care support needed by the Education Authority. I also wish to record my appreciation of the work of Dr A M Brown during this difficult period of reorganisation. The medical, nursing and administrative staff have all been most loyal and patient throughout this hectic period and I am grateful to all who have helped.



Principal School Medical Officer.

General condition

In the table relating to the children's physical condition, 28 out of a total of 11,611 examined were considered unsatisfactory, giving a percentage of 0·20 as against 0·32 in 1972 and 0·22 in 1971.

School Medical Officer's Reports

Dr Muriel C Andrews, Senior Clinical Medical Officer reports:

Lower Lee

Dr Pinkerton continues his bi-weekly evening sessions at Lower Lee in order to give the parents who are working the opportunity to attend to discuss the progress of their sons. Any social agencies involved with the family are always invited along, and in this way good communication is maintained between those who are involved with a particular family.

Ernest Cookson

Dr Harper attends fortnightly evening case conferences at Ernest Cookson, at which all the staff are present, along with the School Medical Officer, Educational Psychologist, School Welfare Officer, and any other agency involved. At each conference the children whom Dr Harper is due to see with their parents the following week are fully discussed.

Springfield

The parents are given the opportunity to attend the school at least once each year in order to discuss the progress of their daughters. On occasions problems arise concerning the boarders, who are involved with the Social Services. On several occasions case conferences have been held with Miss Scarborough and representatives of the Social Services attending.

There are still some pupils whose regular attendance leaves a lot to be desired. Every effort needs to be made to dissuade parents from taking their girls out of residence when it is known that this is likely to result in irregular attendance as a day pupil.

Sugnall Street and Alder Hey hearing assessment clinics

These clinics are held by the Principal Medical Officer (School Health) and the Committee's Aural Consultant, Mr R Pracy. In addition a further clinic was held at Sugnall Street by Dr Ferguson and Mr Singh, Consultant Ear, Nose and Throat Surgeon.

They were established because of the importance of discovering deafness as early as possible so that residual hearing may be retained and stimulated, if necessary, by the

use of hearing aids. They deal specifically with very young children thought to have defective hearing. Cases are also referred from the "Hearing clinics". During the course of the year 155 pre-school children were seen for the first time at the clinics, 129 were found to have normal hearing, 14 had partial hearing only and 12 were found to be deaf.

The following table shows the actual distribution, according to age, of the children who were found to be deaf or partially hearing in this pre-school group.

Age	Deaf	Partially Hearing	Total
Under 6 months	—	—	—
6 months to 1 year	2	2	4
1 to 2 years	4	2	6
2 to 4 years	5	4	9
4 to 5 years	1	3	4
5 to 6 years	—	3	3

The total number of cases seen, both new and for review, was 377. Other hearing assessment clinics are held at ten School Health Clinics throughout the City by six school medical officers with special knowledge in this field. 2,141 children were seen of whom 453 were discharged, 218 referred to hospital for further investigation or treatment, and 1,560 children were to be seen again at a later date.

Three peripatetic teachers of the deaf have been appointed to the staff of the special schools, and seconded to the School Health Service for the supervision and treatment of young deaf children, largely at home. "Out of City" children referred to hearing assessment clinics attend one of the School Health Clinics. These three teachers are also responsible for liaison between the assessment team and the headmasters of the Alice Elliott School for the Deaf, partially hearing units in schools and those schools that have partially hearing children on roll. They play an active and very valuable role in the hearing assessment team.

Dental

Mr P E Goward, the Principal School Dental Officer reports: I am pleased to report the recruitment of another young, full-time dental officer. We have, however, lost the services of two full-time officers, one of whom has continued in a Midlands local authority service whilst the other has moved to practice dentistry in a Common Market Country. I am also sorry to report the loss of our two remaining Dental Auxiliaries, particularly since it has proved difficult to replace them.

The reduction in staff and the consequent reduction in the number of sessions worked has meant a fall in the number of children inspected and of the number treated. The overall result has been an increase in the number of teeth extracted which, unfortunately, often follows when patients are unable to obtain the regular inspection and treatment which is essential for the maintenance of a healthy mouth.

The dental health education work done by the Dental Auxiliaries has been most valuable, but in view of the fact that the only training school for Dental Auxiliaries is situated in London and that the annual intake is only 60 girls, the shortage of these girls will persist. We must, therefore, consider alternative methods of providing for future dental health education. It may be possible to encourage married oral hygienists to return to work on a part-time basis during the school terms. Various methods of dental health education could be used in school. As well as the usual films and discussion groups we should assess the use of group "brush-ins" or "rinse-ins".

We still await the one proven method of strengthening teeth against carious attack, which is the fluoridation of water supplies. The necessity and safety of such a measure was well covered by Professor F E Lawton (Director of the Liverpool Dental School) during his inaugural address at Southport when he became the President of the British Dental Association. We are able, however, to treat a number of children (usually those who seem to be prone to an increased amount of dental decay) with a topical application of a fluoride solution.

As in the past, the demand for fillings to make good the ravages of dental decay far outstrips the present staff potential, therefore limiting the amount of preventive dentistry we can provide.

It has been our policy for some time, due to staff shortage, to make the Primary school children and handicapped children the priority groups. It was, therefore, decided to carry out a dental survey of a cross section of secondary school children in the Autumn of 1972. The figures from this survey give some interesting facts. Of the total of 458 boys and girls seen:

(a) Those who said that they attended a dentist for regular inspection and treatment (usually every six months) = 167 or 36·5%.

(b) Those who said they attended a dentist for an occasional inspection and treatment (usually every 12 months) = 113 or 24·7%.
(c) The remainder only attended a dentist when they had trouble = 178 or 38·8%.

These results are somewhat similar to those obtained in the Adult Dental Health Survey, 1968 (P G Gray, J E Todd, G L Slack and J S Bulman) for the age group 16–34 years for the North of England. The girls were very much keener than the boys:
Total of girls attending dentist regularly or occasionally = 153 or 73·2%.
Total of boys attending dentist regularly or occasionally = 127 or 51%.

This would suggest that a reasonable proportion of young people are keen to care for their teeth. We now need to find an efficient way to motivate the remaining group in order that they should feel that it is important to have a healthy mouth. In this connection we had been using a relatively new "Trigger" film on dental health, the principal object of which was to stimulate active discussion of dental health problems amongst groups of children. The initial comments from teachers on the use of this film was most encouraging.

I should finally like to thank all those teachers, colleagues and staff in the School Health Department, Schools and Hospitals who have, as usual, helped us in every way in the provision of a dental service to the children of Liverpool.

The re-organisation of the National Health Service in 1974 must be used to promote a better and more comprehensive service to the community in the future. Given the necessary staff and materials, a comprehensive preventive programme could be allied with the necessary treatment programme to bring to an end a large proportion of the unnecessary suffering and ill health caused by dental disease.

Physiotherapy

Mrs R Adams, Superintendent Physiotherapist, reports:
There continues to be a shortage of Physiotherapists, so, in order to try to overcome this, we have continued to visit regularly the ESN schools to help and advise the staff. At Longmoor School, Mencap Nursery School, Parent Workshops have been started where once a month we show parents with their children exercises they can do at home to help their child. They are then followed up and shown the

next step as the child progresses. The results have been encouraging.

With the opening of Harold Magnay Physically Handicapped School, some children were transferred from Sandfield Park School and with the new admissions 30 children are having physiotherapy treatment. We have made use of the lovely swimming pool at the school by giving those children that will benefit hydrotherapy. At Sandfield Park School 85 children are having treatment and 46 children at Greenbank School.

Postural drainage and breathing exercises are carried out daily at Fazakerley Open Air School and Underlea School, and we are finding there are now more children needing individual treatment for other conditions at these schools.

We have enjoyed visiting Abbots Lea twice a week to give breathing exercises to 25 very lively children. 36 other children have been treated during the year at other schools and the school clinics.

In July Miss Moore left us to work in Norway. We were sorry to lose her but wish her well. In December we welcomed Miss Benson.

Minor ailments and inspection clinics

The total number of new cases attending the clinics for minor ailments was 1,633. The total number of attendances was 3,021.

School medical officers continue to hold weekly clinics in areas where minor ailments clinics have been closed and heads of schools have been invited to refer cases about which they are concerned to the "inspection clinics".

School Nursing Service

Mrs A E Wilson, Area Nursing Officer, reports:
During 1973 changes in the management structure of the Community Nursing Services continued with the implementation of the Mayston Structure required by central government and following on the appointment of a Director of Nursing Services, Mr B H Dickinson in 1972.

In July, 1973, the integration of the Community Nursing Services was finalised by the appointment of three Divisional Nursing Officers, six Area Nursing Officers and 30 Nursing Officers. Despite some preliminary difficulties, we feel that the School Nursing Service is beginning to derive benefits from integration with the formation of a more efficient channel of communication by means of weekly meetings of

Divisional, Area and Nursing Officers. The express purpose of these meetings is to ensure a flow of up-to-date information to and from top management to field workers in all the Community Nursing Services.

Despite many problems I think we can say that our specialist service in the School Health Service has been revealed as a sound and workable structure well able to stand comparison with the other Community Nursing Services in Liverpool and we hope that, after April, 1974, with the re-organisation of the National Health Service, we may continue to improve our service for the school child. With more and better Nursery School provision and the raising of the school leaving age, our scope will now be even wider.

Verminous infestation in the school child still remains a problem and will continue to be a problem until it is realised that it is not confined to the school child. Only by tackling the matter on a much wider basis to include the adult population of the City as well, have we any hope of real success and a reduction of the infestation figures, since school children who are treated are rapidly re-infested by contact with adults at home.

Health Education programmes by the School Nurses continue in a number of schools with the aim of supplementing the school syllabus and to teach positive health under the supervision and guidance of the Nursing Officers.

In Service Training. This is important for the State Registered Nurses who join our service without the benefit of the Health Visitor's Course, and I am pleased to report that there is to be a planned course of lectures on a formal basis, which it is hoped to start sometime in 1974. In the meantime, the five Nursing Officers make every effort to offer guidance and practical assistance to the Nurses in the field. This is a hard and time consuming role for the Nursing Officers involving all aspects of medico-social work and liaison with teaching staff in schools and other agencies and I think it is work which they tackle with admirable success, despite the frustrations of changes in staff and ever changing problems in the schools.

One of the Nursing Officers reports that most of the social problems in her area seem insurmountable and field staff battling against such odds are apt to become down-hearted. This means that we must review our resources again and again, seeking always to find a means of helping deprived

children and their families. We hope that with the integration of the community nursing services and the re-organisation of the National Health Service in 1974, better facilities for dealing with some of these problems may be found.

A Nurse from Special Schools staff reports:
"The value of a visit to the home prior to an appointment at the Hearing Assessment Clinic has become increasingly apparent. Apart from the formality of completing the medical history, an explanation of the organisation in the clinic has a reassuring effect. It is also frequently possible to establish a friendly contact with the child, and to observe general behaviour and reaction to various situations in the home, this makes the visit to the clinic less of an ordeal.

"Young parents are now very much aware of the necessity for this assessment when a child is late developing speech and are less influenced by the advice of grandparents and 'old wives' tales'. This, I think, is due to better communication and understanding between medical staff and parents.

"It is still difficult to convince parents of older children, with slight hearing difficulties, of the importance of attending hearing clinics for review. This difficulty has, in some cases, been overcome by check audiograms in school by Mr Traynor, Peripatetic Teacher of the Deaf, and appointments made only when any change is noted, combined with observations from the teaching staff in the school."

Child guidance

Mr Critchley, Senior Educational Psychologist reports:
There were no staff changes amongst psychologists in 1973. This lack of turnover is important in developing the Service in that schools and families should have regular contact with personnel. It takes time for a psychologist to get to know his schools and families and vice versa, and it is hoped that this stability of staff will continue, as currently the Authority is increasing the number of secondments of personnel to Advanced Training Courses. Amongst the social work staff there were the following changes: Miss Anne Giles and Mrs. Margaret Groves, Senior Social Workers resigned, as did Miss Erica Piepenstock, Mrs. Ailie Kerrane and Miss Linda Hicks, Social Workers. Dr Pinkerton no longer undertakes any clinical work at the Child Guidance Centre, but has continued his work at the Lower Lee School. The psychiatric personnel have remained constant over the year 1973. This is the last report from the clinic under the jurisdiction of the School Health Service. There have, in fact, been 26 reports from the Child Guidance Service and this is an appropriate

time to place on record our indebtedness to colleagues in the School Health Service for their support and encouragement over the years.

There have obviously been many changes over the last two decades and there are more to come over the next few years. In the 1972 Annual Report mention was made of changes in the Child Guidance Centre. Towards the end of 1973 a draft circular on the future of the Service was produced by the DHSS and DES and the recommendations are to be implemented in 1974. The Local Authority Child Guidance Clinics will remain the responsibility of the Education Department for the administration and servicing. The psychologists will be employed by the Local Education Authority, the psychiatrists by the Area Health Authority, and the Social Workers by the Social Services Department. This clearly delineates areas of professional and administrative responsibilities and means that the classic team of psychiatrists, social workers and psychologists will only function as a group when this is demanded by the case in hand. There are still changes in the offing and the Secretaries of State have asked for proposals from Local Authorities by 1976, indicating the development and future of their services.

It will be seen from the statistics for 1973 that there has been a reduction in the number of referrals to the Child Guidance Service. This was anticipated and we expect this drop to continue over the next few years. The reasons for this drop are the development and increased impact of Community based educational, social and mental health services. Specifically, in relation to the Child Guidance Centre there has been the development over the last few years of a Community based psychological service where many problems are seen in the school setting and hopefully prevented from developing into more entrenched difficulties. Alongside the School Psychological Service has been the development of the social education teams and the remedial teaching service. These facilities have meant that many of the children, who in the past have been referred to the Child Guidance Service have now been referred and adequately dealt with in a Community based service. This trend is to be encouraged as the demands on skilled psychiatrists' time is heavy and it is essential that only the cases that warrant a psychiatric opinion are actually seen by a psychiatrist.

In 1973 we saw the continued evolvement of our work with other services. This was particularly evident in the

development of increased contact with the Social Services Department in the three assessment centres and also extended into Community Homes. This contact is welcomed, as many of the problems are joint ones and it is essential to obtain a consistent approach to the many difficulties presented by children in care.

It would not be appropriate to finish this last report without expressing thanks to the many people who have enabled the Child Guidance Service to function satisfactorily over the years. Professor Semple and Dr Brown have always taken a keen interest in the work and development of the service and without their help many of the achievements would not have been possible. There has been considerable involvement with colleagues in the School Health Service and we are indebted to them for their interest and co-operation. Fortunately, although administratively the Child Guidance Service will be detached from the School Health Service in April, 1974, the links between the Health and Educational service are so well established that one does not anticipate any difficulties.

School Psychological Service

There has been a continued increase in the number of children seen through the School Psychological Service in 1973. The current figure of 771 is approximately 100 more than 1972. With the constant personnel in the service we have been able to provide a more comprehensive and continuous service to schools and families. A sample of psychologists' time in November, 1973, compared with November, 1968, show that now the psychologists spend approximately 75% of their time in schools, whereas in 1968 they spent 75% of their time in clinics. Given the nature of our service in that most of the referrals emanate from schools, it is appropriate that the service we offer is primarily in the school setting. One of the basic principles of the service is that parents should be invited up to meet the psychologists whenever a child is referred. This is now standard practice and is of great value to the psychologist when assessing children, as parents invariably can throw light on particular findings, but it is also crucial that parents are totally involved in any assessment that may lead to changes in the provisions provided for their children. As can be seen from the enclosed table, there has been a slight reduction in the average age of referral of children referred to the service. This is welcomed and the average age will continue to decrease. One of the main reasons for their reduction in age has been the increased number of referrals from School Medical Officers who are now able to concentrate their

skills and resources at the infant level and identify children who are experiencing or are likely to experience learning handicaps.

The close co-operation between the psychologist and the remedial teaching service has continued over the last year. A second annual screening of 1st year junior children was undertaken and on this occasion 92% of primary schools took part in the screening. A group reading test was used and children with a reading quotient of below 80 are identified and are seen by the remedial teaching service. This technique ensures that virtually all children who will have reading difficulties are assessed at an early age and appropriate action taken.

The changes in 1974 in the School Health Service will mean that the Child Guidance and Psychological Services will be administered by the Education Department and this changeover will provide the opportunity to integrate the two services which have developed up to now on two separate administrative systems. This amalgamation will be enchanced by the opening of the new Assessment Centre in Chatsworth Street and will serve as the headquarters for the Child Guidance and Schools Psychological Services.

Our thanks are due again to the help and support of colleagues in the remedial teaching service and to the work of the secretaries without whose help the service would soon flounder.

TABLE 1 STATISTICS FOR SCHOOL PYSCHOLOGICAL SERVICE 1973

NEW CASES SEEN = 771 AVERAGE NO. OF SESSIONS PER WEEK = 45

Source of Referral =	School Medical Officer	Head Teacher	Parent	Other
	240	473	14	44

R.A.	—5	5–6	6–7	7–8	8–9	9–10	10–11	11–12	12+	Not known
No. = 771	148	171	142	123	56	34	19	10	16	52

IQ	60	61–70	71–80	81–90	91–100	101–110	111–120	120+	Not known
No. = 771	49	67	181	206	148	50	16	10	44

CA at Referral No. 771	4	4½	5+	5½	6+	6½	7+	7½	8+	8½	9+	9½
	6	6	8	13	25	25	51	78	73	88	65	35

10+	10½	11+	11½	12+	12½	13+	13½	14+	14½	15+	15½
45	36	34	20	28	27	22	13	27	10	17	19

RECOMMENDATIONS:

SBRT	CGC	PSW	REVIEW	ESN	OPP CLASS	OTHER	CLOSED
101	41	20	329	58	79	77	66

Average CA = 8½–9 years
RA = 6–7 years
IQ = 81–90
69% referral for educational retardation.

Notre Dame Child Guidance Centre

The Authority has continued to refer children to the Notre Dame Child Guidance Centre. The Director, Sister John, has kindly furnished the following report:

During the year 1973 there were 288 children seen in the Centre. Although our numbers remain much the same there has been a considerable decline in the number of children referred through the Liverpool School Health Service. Of the 99 Liverpool children who were seen 10 were referred for the first time in 1973 and 60 cases were closed. The Centre continues to offer a wide variety of service and the traditional work goes on but there have been some changes. Over the last year in addition to the diagnostic and treatment facilities provided for the disturbed child and his family we have also been running, on an experimental basis, a day assessment for the Social Services Department, and have been developing staff consultation in several Residential Establishments. It has been encouraging to hear from the staff of these Homes that they find this support helpful for, as in the classroom situation so in the Home, it is the person who has the greatest contact with the child who may best be able to help modify attitudes and values. When one is closely involved it is not always easy to see a problem in full perspective. This is where the person from outside the establishment can sometimes help by providing an "onlooker's" view of the situation. Invariably the people involved then find it easier to achieve some kind of solution.

The development of consultative services has been a natural growth from our daily work within the Centre. In much of our work with individual clients the main focus is on helping the person, or the family, to reappraise a problem or to come to terms with a situation. One cannot offer solutions on a plate. Sometimes there may seem to be no solution but the support given by sympathy and informed understanding in a neutral atmosphere can itself be therapeutic. This seems to have been brought home to us particularly in this last year when several of the families with which we are dealing have suffered sudden bereavements of a parent. In two of these cases the problem was brought to our attention by the child's teacher. Both of these children were manifesting behaviour difficulties which did not seem to have any direct relationship to the death of the parent but this seemed to be of great relevance in our evaluation of the situation.

Ian is quite an intelligent nine year old who was referred to us by his headmaster who was mainly concerned about the boy's social adjustment in the school.

A quotation from the headmaster's report may help to give a picture of the situation. "The problem grows for Ian when one after another the parents of the children to whom he had attached himself seek my advice as to how they can detach Ian away from their child. He could best be described as a social outsider who occasionally lets you into his world but generally puts up a wall between everyone and himself and ultimately frustrates any effort made to help and understand him." Enquiry into the family background revealed that Ian's mother had been an invalid for years and had died in August 1972. He had found her dead when he took a cup of tea to her. He was alone in the house with her. When we first heard of him he was living alone with his father who was described as rather withdrawn but very attached to the boy who was well cared for.

Because of the father's work situation, and perhaps some resistance to the idea of "help" because he feared the boy might be taken from him we had some difficulty in arranging an appointment and before we actually saw the boy we learnt from the headmaster that the father too, had died, from a heart attack. Once again Ian had been alone with his parent when this happened. There were no known relatives, but fortunately an aunt was discovered who willingly provided a home for the boy. His reaction—or rather lack of apparent reaction—to this second bereavement gave even more concern to his headmaster. He is showing further signs of maladjustment which we feel are part of his difficulty in expressing and working through his real feelings about the death of his parents.

In a rather similar plight is an older boy whom we have known for some time. Jack is an only child and in his second year at grammar school he suddenly began to refuse to attend school. The family had changed residence and the journey was slightly longer, but this had occurred sometime before Jack showed any signs of problems and there was no apparent cause for his behaviour. We did eventually get him to return to his former school and his attendance was satisfactory but we were still keeping his progress under review when the family doctor contacted the centre, feeling that we should know that Jack's mother had recently been diagnosed as having inoperable cancer. During the summer vacation his father had also been in hospital for surgery and and there was fear too, that his prognosis was not good. Faced with these real crises Jack rose to the occasion and coped extremely well.

His mother died but his father's condition was found to be not as critical as at first suspected. However, the father is not convinced of that and now, a few months after the death of his mother, Jack is showing signs of stress. His school attendance has deteriorated and he feels depressed. With hindsight we now wonder whether his original symptoms were reflecting an anxiety in the family related to the mother's health although at the time there was no known evidence of her condition.

A difficulty which one encounters in helping children who have experienced the death of a parent is that of penetrating the child's mind in order to understand the fantasies which they have built concerning the death. One little girl, like Jack, was referred because of her unwillingness to attend school. In the course of the initial enquiry it was soon discovered that her problem began after her father had been killed in a road accident. In addition to the shock and grief this sudden bereavement had also affected the family's financial situation but the mother was coping extremely well. However, she had not had the opportunity of expressing her grief and beneath this brave facade was a very sad woman. It was easy to see that Marie was reflecting not only her mother's grief but also her fear that something might happen to her mother as it had happened to father—hence her unwilllingness to leave her, but there seemed more to it than this. In a more recent interview the mother reported that Marie had said to her close friend that nobody knew what she had done when her daddy died. If we are to *really* understand and help Marie we will need to know what she meant by this.

Guilt feelings often accompany the individual's grief. This may well be true in the three cases already quoted. It is certainly so in the case of one boy whom we have known for several years now. Mark is a physically handicapped boy who first attended the centre because of educational difficulties when he was about eight years old. He is now 14 and attends a school for the physically handicapped. He is the youngest member of a very united family but is emotionally rather immature. When Mark's father died very suddenly from coronary thrombosis in October his mother was deeply affected by shock and grief. Under stress Mark tends to become more active and demanding and his behaviour at this time was greatly adding to his mother's problems. Mark himself is at an age when he is becoming more conscious of his own handicaps and uncertain about the future. He feels guilty about his father's death and in an outburst of temper

accused his mother of wishing it was he that had died instead of his father. At this highly tense moment she agreed with him and was immediately overcome with guilt and remorse. In this kind of situation the natural ambivalence of feelings gets out of perspective and it will take some time to help this boy and mother through their grief as well as through Mark's own adolescent problems in establishing his personal worth.

This has perhaps been a rather unusual year, for we have not previously experienced so many bereavements among our clients. One feature which it has impressed upon us is the need for support which all the families have. Practical advice concerning their altered financial status is often extremely important but even more so is the help in understanding their own feelings and in living with their sense of loss. Where there is a religious faith this usually helps the bereaved family. This has certainly been the case with another of our children, the youngest of a large family, who has lost both parents since he moved into secondary education. The members of this family have given great support to each other and we can only sit back and admire their great faith. For most people the subject of death is not an easy one and helping them through this period of mourning can be stressful for the helper as well as for the client for one is aware that one can never fully appreciate what the other person is feeling and one has to face one's own inadequacies in this situation.

School Meals Service

Number of Meals

The total number of dinners supplied from kitchens during the year ending 31st December, 1973, was 10,524,073 (children 9,507,116, adults 1,016,957), a decrease of 99,489 over the previous year.

The number of dinners supplied to pupils in maintained primary, secondary, day special and nursery schools on a selected day in October, 1973, was as follows:

Number of children present in school on selected day	103,552
Number of pupils having school dinner	54,076
Percentage of pupils provided with dinners	52·83 per cent

During the 12 months ending 31st December, 1973, 76·43 per cent of the total meals were prepared in the combined Kitchen/Dining Rooms. The remaining 23·57 per cent were supplied from exporting kitchens.

The daily average number of dinners supplied to the following establishments during the four week period ending 7th December, 1973, was as follows:

Direct Grant Schools	198
Nurseries administered by the Department of Personal Health and Social Services	448
Adults, Canteen, Kitchen and Teaching Staff	5,703

Charges for School Dinners
Throughout 1973 a charge of 12p was made for School Dinners, except for Day Special School pupils who pay 7p.

Provision of Free Meals
At the end of the Autumn Term, 1973, the number of children authorised to obtain dinners free of charge was 25,002, compared with 25,506 at the Summer Term, 1972.

School Milk
Milk is provided free to all children under the age of 7 on the last day of the Summer Term and to those certified by the School Medical Officer as being in need of milk on health grounds in Primary Schools and to all pupils in Special Schools. The normal quantity supplied is one-third pint, but pupils ascertained as delicate receive two-thirds pint daily.

The number of pupils receiving milk in Primary Schools, Day Special and Nursery Schools on a selected day in October, 1973, was as follows:

Category	No. of pupils receiving milk	Percentage of pupils present receiving milk
Primary School pupils entitled on grounds of age	21,115	81·03
Primary School pupils entitled on grounds of health	1,174	55·75
Pupils in Special Schools	2,361	99·9

In a number of Primary Schools where free milk has been discontinued arrangements have been made for milk to be sold to pupils:
Primary Schools
720 pupils purchasing milk from 8 schools.

Defective Vision

The total number of children found with defective vision at periodic medical inspections during 1973, apart from cases of squint, was 1,683. Of this number 866 required or were under treatment.

5,687 cases of defective vision were seen by five ophthalmic medical practitioners at nine eye clinics throughout the city.

Occlusion for amblyopia was supervised at the clinics by school nurses under the direction of the eye specialists. Children in need of more extensive treatment were referred to hospital for a course of orthoptics or for cosmetic surgery where a squint could not be controlled by glasses.

Three Liverpool children were placed upon the Register of Partially Sighted Persons and two children upon the Register of the Blind.

A total of 977 cases of squint were also recorded during the periodic medical inspections. Of the 332 new cases of suspected squint referred by school medical officers to eye specialists, 88 cases were confirmed. In addition 43 cases were confirmed in pre-school children of the 252 cases referred by medical officers in the child welfare service.

During the year a nursing auxiliary, trained in the use of the Keystone vision testing machine, visited secondary schools to test pupils in their first year. Children failing the test were referred for further examination by eye specialists at the defective vision clinics.

School Dental Service

The following table gives details of teeth conserved and extracted for the past ten years.

	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973
No. of children examined	88,052	92,636	92,362	71,123	45,085	38,110	38,183	41,777	35,027	29,345
No. of permanent teeth filled	21,515	19,698	24,800	19,337	16,930	14,467	10,662	12,960	15,203	11,182
No. of permanent teeth extracted	4,310	3,945	3,903	3,323	2,849	2,411	2,250	2,211	1,804	1,975
No. extracted as percentage of No. filled	20	20	16	17	17	17	21	17	12	17

Orthopaedic Scheme

There were 1,015 children attending the orthopaedic clinics in 1973. Of these 337 were pre-school children and 678 school age. 479 new cases referred by school medical officers or by the Child Welfare Service were seen for the first time during the year and 536 continued attendance from the previous year. In all some 1,261 attendances were recorded at the five orthopaedic clinics.

Forty-four cases were referred to hospitals for investigation and/or treatment from the orthopaedic clinics.

104 children referred were found to have no orthopaedic defect. Thirty-nine of these children were seen a second time before being discharged.

The following table shows the work carried out under the orthopaedic scheme:

Defect	No. of new cases seen	Total No. of defects of all children
Infantile Paralysis	—	1
Cerebral Palsy	—	—
Rickets	—	—
Talipes	1	5
Spinal Curvature	8	10
Torticollis	3	9
Bow Legs	6	12
Flat feet and knock knees	244	654
Curling Toes	17	27
Intoeing	47	89
Spina Bifida	—	3
Other Deformities	12	24
Other Defects	28	52
No defect found	104	143
Total	470	1,029

Speech Therapy

The following figures indicate the number of cases treated for speech disorders during 1973:

Defect	Boys	Girls	Total
Disorders of Articulation	71	28	99
Delayed Language Development	32	5	37
Stammering	48	18	66
Cerebral Palsy	3	4	7
Cleft Palate	4	1	5
Total	158	56	214

During the year 75 new cases were admitted for therapy and 73 were discharged as condition relieved. Thirteen cases were discharged because of failure to attend regularly. 141 new cases were seen at the speech assessment clinics to assess their suitability for speech therapy and a further 81 cases were reviewed; of these cases 80 were considered to be in

need of speech therapy and a further 78 children were noted for further observation at speech assessment clinics.

To help alleviate the shortage of speech therapists in the School Health Service, the United Liverpool Hospitals' Board continued to make available hospital speech therapists for work in school clinics. In January, 1973, two hospital speech therapists worked four sessions per week in school clinics, but in July the number of therapists was reduced to one and the weekly sessions to four due to resignations of hospital therapists.

Child Guidance

The total number of cases seen at the Child Guidance Clinics during the year was 2,410. Of these 558 were new cases, including 17 cases referred by Magistrates of the Juvenile Court.

Classification of New Cases

The problems of the cases referred have been classified as under. Many cases present multiple symptoms and could have been classified under different headings, but in each case the most prominent symptom is listed below:

1	Nervous Disorders	33
	Fears (anxiety, phobias, timidity and over-sensitivity)	21
	Seclusiveness (unsociability, solitariness)	3
	Depression (brooding, melancholy periods)	4
	Excitability (over-activity)	1
	Apathy (lethargy, unresponsiveness, no interests)	3
	Obsessions (talking to self, rituals, compulsions)	1
2	Habit Disorders and Physical Symptoms	53
	Speech disorders (stammering, speech defects, hysterical aphonia)	9
	Sleep disorders (night terrors, sleep walking, insomnia, talking in sleep)	4
	Nervous movements (twitching, tics, habit spasms, head banging, nail biting, thumb sucking)	4
	Feeding disorders (refusal of food, food fads, nervous vomiting, putting into mouth)	—
	Excretory disorders (constipation, enuresis, faecal incontinence, refusal to use lavatory)	31
	Nervous pains and paralysis (hysterical paralysis, nervous dyspepsia, pain in limbs, headaches, functional deafness and	

	disturbance of sight)	1	
	Fits (epilepsy, hysterical fits, periods of unconsciousness)	3	
	Physical disorders (allergic conditions, asthma, etc.)	1	
3	Behaviour Disorders		273
	Unmanageable (disobedience, beyond control, persistent negativism, defiance, refusal to go to school, refusal to work)	249	
	Temper (tantrums, anger, screaming fits)	3	
	Aggressiveness (bullying, destructiveness, spitefulness, cruelty)	5	
	Jealous behaviour	—	
	Demanding attention	—	
	Stealing	7	
	Lying and romancing	—	
	Truancy (wandering, staying out late)	6	
	Sex difficulty (masturbation, sex play, homosexuality)	3	
4	Psychotic Behaviour		1
	Hallucinations (delusions, extreme withdrawal, bizarre symptoms, including violence)	1	
5	Education and Vocational Difficulties		56
	Backwardness (mental retardation, school failure, day dreaming, inattention)	52	
	Inability to concentrate (day dreaming, inattention)	1	
	Special disabilities – (high frequency deafness, word blindness, handedness)	3	
	Inability to keep jobs	—	
6	Special Examination		142
	Psychological examination	110	
	Educational advice	28	
	Vocational guidance	4	
7	Unclassified		—
	Total number of new cases in 1973		558

Nature of treatment undertaken in closed cases

1	Diagnosis and Advice		29
	General advice to source of reference	5	
	Recommended for special school for educationally subnormal pupils	1	

	Recommended for special schools for maladjusted children or other residential school	—	
	Recommended for transfer to other clinic or the Mental Health Authority	23	
2	Individual and Group Treatment		212
	Satisfactory adjusted or improved	212	
	Not improved	—	
3	Cases closed before treatment completed		161
	Closed for lack of co-operation	61	
	Closed for other reasons	5	
	Over-age	23	
	Out of city	34	
	Approved schools	8	
	Not classified	30	
	Transferred to School Based Remedial Teaching	—	
4	Court Cases Closed after initial appointment		—
5	Cases which never attended the Centre		3
	Never attended improved	—	
	Never attended lack of co-operation	1	
	Never attended moved out of city	1	
	Never attended seen elsewhere	1	
	General	—	
	Total number of cases closed in 1973		405

Defects amongst school entrants

The school medical officers during their first examination of nursery and infant children keep a record of those defects which are either not known to the parent or, if known, have not been treated.

During the year under review this investigation continued and covered a total of 9,106 entrants to infant and nursery schools, 1,012 such defects being discovered amongst 764 children. Many of the defects were of a minor degree and others of such a nature, for instance, 132 of defective vision, that it was not surprising that they had not been previously noted. On the other hand, numbers of relatively important disabilities were discovered, such as squint, 67; otitis media, 19; hernia, 11; defective hearing, 88; defective speech, 44; flat foot, 80; and 57 other orthopaedic defects.

Tuberculosis

The following tabulated statistics relate to the number of notifications of tuberculosis and deaths from that disease:

Tuberculosis Notifications, School Children (5–15 years).

		1928	1938	1948	1958	1968	1973
Males	Respiratory	215	59	36	26	8	3
	Non-Respiratory	122	55	33	6	2	—
Females	Respiratory	192	58	43	35	1	3
	Non-Respiratory	122	63	16	5	1	—
	Totals	651	235	128	72	12	6
		DEATHS					
		1928	1938	1948	1958	1968	1973
Males	Respiratory	12	3	2	1	—	—
	Non-Respiratory	19	5	9	—	—	—
Females	Respiratory	25	8	6	—	—	—
	Non-Respiratory	22	6	7	1	—	—
	Totals	78	22	24	2	—	—

Immunisation

The Health Department make available to school medical officers stocks of diphtheria, tetanus, poliomyelitis, measles and rubella vaccines for the immunisation of school children. At the periodic medical inspection of entrants, school medical officers ascertained the prophylactic history of the child and, where necessary, advised the mother to agree to her child being immunised or receiving a booster dose where immunisation had taken place during infancy. Immunisation sessions were generally held on the last session of the doctor's visit to the school so that there was no undue delay between parents agreeing to the immunisation and its being carried out. Immunisations are also carried out at Child Health Clinics and by general practitioners.

During the year, the following immunisations were carried out:

	Primary Immunisations			
	Schools	GP's	Clinics	Totals
Diphtheria A	1,250	67	110	1,427
Tetanus B	1,253	107	110	1,470
Polio	1,241	84	130	1,455
Measles	76	53	28	157
Rubella	3,165	80	—	3,245

	Reinforcing Doses			
	Schools	GP's	Clinics	Totals
Diphtheria A	3,555	458	426	4,439
Tetanus B	3,555	562	432	4,549
Polio	3,503	437	435	4,375
Measles	—	—	—	—
Rubella	—	—	—	—

A Includes Triple, Diphtheria/Tetanus, Diphtheria
B Includes Triple, Diphtheria/Tetanus, Tetanus

BCG vaccination

During the year under review BCG vaccination has again been offered to children in their second year at secondary school.

Number of children eligible	10,670
Number of consents received	9,310
Percentage of consents	87·3 per cent
Total number to be seen (including absentees from previous year)	10,277
Number vaccinated	7,554

Absentee clinics were held in all areas of the city and 1,135 children who had been absent from school when the BCG team visited, were able to complete their treatment.

Tuberculin positives

The number of children who showed a positive reaction to the tuberculin skin test was 1,423 (15·8 per cent of those read). Of the positives 1,069 (11·9 per cent) had either received BCG vaccination at an early age, or there was a history of tuberculosis in the family, whilst in 354 cases (3·9 per cent) there was no such history.

Screening of contacts

During the year three surveys of known or suspected cases of tuberculosis infection in schools were carried out. As a result of these surveys 198 children were referred to their area chest clinic for investigation. The result of 164 X-ray reports received was as follows:

Lung fields clear	161
Healed primary focus	3

X-ray examinations

Chest X-ray examination of teachers

The Education Committee require all teachers entering their Service from other authorities to have a chest X-ray examination as a condition of their appointment. Where the teacher has already satisfied the Department of Education and Science of his health and physical capacity for teaching a further medical examination is not required. The Liverpool Mass Radiography Centre X-rayed 334 such teachers during 1973. Satisfactory reports were received in all cases.

Chest X-ray examination of non-teaching staff employed at schools

The Education Committee require all staff employed in schools who come into contact with school children to have a chest X-ray as a condition of their appointment. The Mass Radiography Centre carried out the chest X-ray of the following:

687 Employees in the School Meals Service,
115 Non-teaching staff.

All reports received were considered satisfactory insofar as they excluded the possibility of tuberculous infection.

Medical and X-ray examinations

In Circular 3/69 of the Department of Education and Science, the Secretary of State recommended that teachers and other adults, whose work brings them into contact with school children, should have an X-ray examination of the chest at three yearly intervals. The Principal School Medical Officer should, however, be enabled to require more frequent X-ray examinations when in his view this is advisable. These recommendations are intended to protect children from the risk of infection by adults suffering from tuberculosis.

At the time of the circular it was the policy of the Education Committee to require a satisfactory chest X-ray examination on appointment to the Committee's Service, in respect of all teaching and non-teaching staff who come into contact with children. In 1968 the requirement in regard to School Meals staff, viz, supervisory assistants, canteen attendants and kitchen attendants, was extended to include further

chest X-rays at three yearly intervals. During 1973 282 school meals staff were X-rayed.

Candidates for admission to colleges of education
In March 1952, the Ministry of Education placed the responsibility upon the school health services of local education authorities for the examination of candidates for admission to colleges of education.

During the year, 746 candidates were examined by School Medical Officers and their X-ray examinations were carried out at the Mass Radiography Centre in Liverpool. 738 were found fit for teacher training. Eight were referred to a consultant and after investigation were found fit for teacher training.

Handicapped pupils

Blind pupils
Liverpool blind children are accommodated in various schools since no special school is maintained by the Authority. The 14 pupils at the end of the year were placed as follows:

St Vincent's RC School for the Blind, West Derby	10
Royal School for the Blind, Wavertree	2
Lickey Grange, Worcester	1
Condover Hall	1
	14

Partially sighted pupils
There were at the end of the year 80 children in the Holmrook School for Partially Sighted Children and four children in Exhall Grange Residential School, grammar school section, Warwickshire, and one at the Derby School.

Deaf and partially hearing pupils
At the end of 1973 there were 162 pupils attending the Alice Elliott School for the Deaf of whom 47 were Liverpool children. In addition two children were in residential schools for the deaf, one in Burwood Park School, Walton-on-Thames, and one in the Mary Hare Grammar School, Newbury.

There were 25 children in the partially hearing class at the Joseph Williams Primary School, 12 at the Fazakerley Open Air School, 17 at the Underlea Open Air School and 29 at the Highfield Comprehensive School.

There were also 91 children with defective hearing in ordinary or other special schools. Of the 223 Liverpool children with hearing aids, 47 attended the Alice Elliott School for the Deaf, 83 attended partially hearing classes in special or ordinary schools, 61 attended ordinary schools, whilst 29 attended other special schools. Two children attended Residential Schools for the Deaf.

Speech Defects
One child is attending the Ewing School, Manchester.

Epileptic pupils
The Authority has no residential school for epileptic pupils. At the end of the year five children were maintained by the Authority at residential schools for epileptic children as follows:

Colthurst House School for Epileptics	3
Maghull Home for Epileptics	2
	5

Delicate pupils
During the year 49 children were recommended for admission to day open air schools and 22 for admission to residential open air schools. At the end of the year the number of children on the rolls of the two day open air schools was as follows:

Fazakerley Open Air School	191
Underlea Open Air School	182

One child was also in residence at the Delamere Fresh Air Home and School.

Physically handicapped pupils
During the year 50 children were recommended for admission to day schools. At the end of the year the number of children on the rolls of the schools for physically handicapped pupils was as follows:

Residential Schools	
Children's Rest School of Recovery	55
Abbots Lea School	44
Harold Magnay	40
Lord Mayor Treloar School	3
Florence Treloar School	3
	33

Clatterbridge Hospital (Special Unit)	1
West Kirby Convalescent Home	1
Birkenhead Spastics' Society	1
North Wales School, Llandudno	1
Spastics' Society, Cardiff	1

Day School	
Sandfield Park School	133

Home teaching

During 1973 home teaching was provided for 46 children. Eleven who were receiving it prior to 1973 required it all year. Seventeen placed on home teaching during 1973 were still receiving it at the end of the year. Thirteen receiving home teaching at the beginning of 1973 were discharged during the year. Five children placed on home teaching during 1973 were discharged before the end of the year.

Summary of Discharges	
No. of children who returned to ordinary school	3
No. of children admitted to day school for physically handicapped pupils	3
No. of children admitted to a residential school for educationally subnormal pupils	—
No. of children admitted to a day school for maladjusted pupils	2
No. of children over age	4
No. of children admitted to a day OAS	4
No. of children left Liverpool	2

Children suffering from Cerebral Palsy

In addition to the six Liverpool cases of cerebral palsy resident at Greenbank School, there were 274 cases of cerebral palsy in Liverpool among children between the ages of two and 16 as follows:

Attending ordinary schools	54
Attending special schools:	
Day Schools for Educationally Subnormal Pupils	43
Residential Schools for Educationally Subnormal Pupils	3
Day Schools for Physically Handicapped Pupils	57
Residential School for Physically Handicapped Pupils	3
School for the Deaf and Partially Hearing	4
Day Open Air Schools	23
Residential Open Air Schools	1
Schools for Partially Sighted Pupils	2
Residential School for Blind	—
Sandfield Park Nursery	4

Day School for Maladjusted Pupils	—
Day School for ESN(S) Pupils	52
Residential School for ESN(S) Pupils	6
Not attending school:	
Under-age	20
In Hospital	1
Home Teaching	1

Educationally subnormal pupils

The Authority has four residential schools for educationally subnormal pupils and a hostel with accommodation as follows:

Crookhey Hall, near Lancaster, for Boys	60
Woodlands School, Deganwy, for Boys	60
Thingwall Hostel, Broadgreen, for Girls	40
Oakfield, Gateacre, for Girls	40
Beechwood, Aigburth, for Girls	50

The Authority also maintain educationally subnormal pupils at the following special schools:

Massey Hall School (Residential)	3
Allerton Priory (Residential)	1
Ronald House School, Crosby (Day)	1
Pontville School, Ormskirk (Residential)	1
Woodville Longridge School (Residential)	1
	7

Day special schools for educationally subnormal pupils. At the beginning of the year these schools were Beechwood, Clubmoor, Dingle Lane, Greenways, Longmoor, Margaret Beavan, Meadow Bank, Mencap, Northumberland, Oakfield, Otterspool, Palmerston, Princes, Springfield, Stonefield, Stoneycroft, Watergate and White Thorn. During the year Brookside, Nelson, Richmond, Sandon and Stanley Schools were closed.

Maladjusted pupils

Accommodation for maladjusted boys is provided at Lower Lee for 45 resident and 15 day pupils and for maladjusted girls at Aymestrey Court for 20 resident and ten day pupils. In addition the Authority provide 50 places in each of the following day schools for maladjusted pupils:

Clifford Holroyd (Mixed)	50
Ernest Cookson (Boys)	50
Kilrea (Boys)	50

The Authority maintains six Liverpool children in other residential schools for maladjusted pupils, as follows:

Bryn Alyn Unit	2
Breckenbrough School	1
Eaton Lodge	1
Bredinghurst School	1
Highfield School	1
	6

Assessment of handicapped pupils

The analysis of assessment examinations during the year are as follows:

Assessment of retarded pupils

810 children examined because of educational retardation.
171 children recommended for admission to day special schools for educationally subnormal.
58 children recommended for admission to residential special schools for the educationally subnormal.
62 children to remain at ordinary school.
47 children to receive school-based remedial teaching.
5 children referred to Child Guidance Centre for further investigation.
4 children to receive clinic-based remedial teaching.
415 children referred to the School Psychological Service.

Referrals to local Mental Health Authority

45 children for supervision on leaving school (from 1.4.71)
3 children referred for long term residential care.

Assessment of physically handicapped pupils

49 children recommended for admission to Day Open Air schools.
22 children recommended for admission to Residential Open Air schools.

50 children recommended for admission to Day schools for physically handicapped.
23 children recommended to receive Home Teaching.

Assessment of maladjusted pupils
60 recommended for admission to day special schools.
30 recommended for admission to residential special schools.

De-ascertainment of handicapped pupils
83 children attending schools for the educationally subnormal.
47 children attending open-air schools.
2 children attending schools for the physically handicapped.
36 children attending schools for the maladjusted.

Assessment factors
The criteria for ascertainment of children who are retarded is not based solely upon intelligence quotients but include other factors such as attainment levels, recent progress, special provision which may have been provided in the child's ordinary school, and, of course, whether a child is under any strain in coping with the work of his present school. This can be seen from the following tables which show children with intelligence quotients similar to or below those of children ascertained who were allowed to remain at ordinary schools.

Joint Assessment Clinic

The Assessment Clinic at Sefton General Hospital has continued throughout the last year under the direction of Dr McCandless. The parents seem appreciative of the opportunity to attend and arrangements are made for any children who need to be kept under observation to be seen again at the school clinic in the area in which they reside.

Ascertained ESN recommendations 1973

	Pre-School	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	Total
IQ below 40	5	1	—	1	1	1	1	—	1	1	—	12
40–49	5	1	2	2	1	—	1	—	—	1	—	13
50–59	8	2	3	6	2	—	3	3	—	—	—	27
60–69	14	6	5	10	4	6	5	3	—	3	1	57
70–79	2	5	3	5	3	4	5	5	5	3	1	41
80+	2	—	—	1	—	2	1	2	—	—	1	9
Total	36	15	13	25	11	13	16	13	6	8	3	159

Remain O/S recommendations 1973

	Pre-School	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	Total
IQ below 70	4	3	1	3	1	—	2	1	—	—	1	16
70–79	4	3	4	4	7	7	4	3	1	2	—	39
80–89	7	4	8	8	2	2	3	3	1	3	—	41
90–99	6	3	5	5	3	2	2	3	2	1	1	33
100+	1	2	1	3	1	2	1	2	1	—	—	14
Total	22	15	19	23	14	13	12	12	5	6	2	143

Annual Returns required by Department of Education and Science.

Appendix A

Medical inspection and treatment for the year ended 31 December 1973

Number of pupils on registers of maintained primary, secondary, nursery and special schools in January, 1974 was 118,852.

Part 1

Medical inspection of pupils attending maintained primary and secondary schools (including nursery and special schools)

Col. (3) total as a percentage of Col. (2) total 99·8%
Col. (4) total as a percentage of Col. (2) total 0·2%

		Physical condition of Pupils inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
Age Groups inspected (By year of Birth)	No. of pupils who have received a full medical examination	Satisfactory	Unsatis-factory	for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No	No			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1969 and later	2,248	2,246	2	64	500	492
1968	3,477	3,471	6	143	914	983
1967	2,566	2,550	16	104	631	652
1966	815	814	1	51	269	288
1965	170	169	1	31	141	144
1964	201	201	—	30	183	186
1963	220	220	—	39	214	215
1962	270	270	—	52	265	269
1961	317	317	—	78	306	314
1960	347	347	—	73	338	344
1959	380	380	—	82	376	378
1958 and earlier	600	598	2	119	592	596
Total	11,611	11,583	28	866	4,729	4,861

Table B
Other inspections

Number of Special Inspections	2,887
Number of Re-inspections	17,478
Total	20,365

Table C
Infestation with Vermin

a. Total number of individual examinations of pupils in schools by school nurses or other authorised persons	164,733
b. Total number of individual pupils found to be Infested	15,248

Part 2 Defects found by periodic and special medical inspections during the year.

Note
This table shows all defects noted at periodic and special inspections whether or not they were under treatment or observation at the time of the inspection. The number of pupils found to require treatment (T) and observation (O) are shown separately.

Defect Code No.	Defect or disease		Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
(1)	(2)		(3)	(4)	(5)	(6)	(7)
4	Skin	T	141	42	63	246	339
		O	194	43	62	299	20
5	Eyes						
	a. Vision	T	362	201	303	866	302
		O	434	165	218	817	133
	b. Squint	T	477	65	171	713	111
		O	207	15	42	264	22
	c. Other	T	24	12	29	65	25
		O	30	10	15	55	8
6	Ears						
	a. Hearing	T	347	139	242	728	97
		O	149	74	133	356	50
	b. Otitis Media	T	85	21	24	130	14
		O	88	22	32	142	18
	c. Other	T	26	4	4	34	15
		O	116	6	13	135	8
7	Nose and Throat	T	194	43	80	317	46
		O	509	98	151	758	78
8	Speech	T	151	44	132	327	52
		O	393	75	153	621	50
9	Lymphatic Glands	T	3	3	3	9	1
		O	127	2	13	142	13
10	Heart	T	86	26	52	164	12
		O	430	29	74	533	32
11	Lungs	T	158	57	89	304	40
		O	235	35	76	346	42

Defect Code No.	Defect or disease		Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
(1)	(2)		(3)	(4)	(5)	(6)	(7)
12	Development						
	a. Hernia	T	13	6	13	32	2
		O	81	6	16	103	9
	b. Other	T	74	26	96	196	7
		O	42	13	20	75	9
13	Orthopaedic						
	a. Posture	T	7	5	10	22	2
		O	12	14	15	41	6
	b. Feet	T	234	33	68	335	38
		O	308	27	46	381	28
	c. Other	T	141	59	79	279	30
		O	223	24	51	298	31
14	Nervous System						
	a. Epilepsy	T	43	61	87	191	11
		O	11	5	18	34	3
	b. Other	T	85	46	121	252	23
		O	85	22	35	142	24
15	Psychological						
	a. Development	T	221	730	1,020	1,971	191
		O	711	13	47	771	71
	b. Stability	T	61	140	252	453	77
		O	221	26	41	288	108
16	Abdomen	T	142	61	103	306	23
		O	495	84	168	747	35
17	Other	T	59	38	77	174	373
		O	241	103	129	473	122

Part 3

Treatment of pupils attending maintained primary and secondary schools (including nursery and special schools).

Table A

Eye diseases, defective vision and squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	14
Errors of refraction (including squint)	5,796
Total	5,810
Number of pupils for whom spectacles were prescribed	2,804

Table B

Diseases and defects of ear, nose and throat

	Number of cases known to have been dealt with
Received Operative Treatment	
a. for diseases of the ear	—
b. for adenoids and chronic tonsillitis	17
c. for other nose and throat conditions	2
Received other forms of treatment	24
Total	43
Total number of pupils in schools who are known to have been provided with hearing aids	
a. in 1973	32
b. in previous years	304

Table C

Orthopaedic and postural defects

	Number of cases known to have been treated
a. Pupils treated at clinics or out-patients departments	1,015
b. Pupils treated at school for postural defects	219
Total	1,234

Table D

Diseases of the skin
(Excluding uncleanliness, for which see Table C of Part 1)

	Number of cases known to have been treated
Ringworm	
a. Scalp	—
b. Body	1
Scabies	—
Impetigo	1
Other skin diseases	294
Total	296

Table E

Child guidance treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	2,921

Table F

Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists	214

Table G

Other treatment given

	Number of cases known to have been dealt with
a. Pupils with minor ailments	319
b. Pupils who received convalescent treatment under School Health Service arrangements	—
c. Pupils who received B.C.G. vaccination	7,554
d. Other than a., b. and c. above	
Heart conditions	1
Total a. – d.	7,874

Part 4

Dental inspection and treatment carried out during the year.

1. Attendances and treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	4,883	3,427	594	8,904
Subsequent visits	6,643	7,186	1,348	15,177
Total visits	11,526	10,613	1,942	24,081
Additional courses of treatment	68	75	37	180
Fillings in permanent teeth	4,472	7,068	1,353	12,893
Fillings in deciduous teeth	5,107	277	—	5,384
Permanent teeth filled	3,891	6,119	1,172	11,182
Deciduous teeth filled	4,734	230	—	4,964
Permanent teeth extracted	452	1,234	289	1,975
Deciduous teeth extracted	4,414	1,116	—	5,520
General anaesthetics	1,726	764	82	2,572
Emergencies	161	132	27	320

Number of pupils X-rayed	610
Prophylaxis	2,430
Teeth otherwise conserved	225
Number of teeth root filled	46
Inlays	4
Crowns	141
Courses of treatment completed	5,664

2. Orthodontics

New cases commenced during year	145
Cases completed during year	133
Cases discontinued during year	20
No. of removable appliances fitted	254
No. of fixed appliances fitted	47
Pupils referred to Hospital Consultant	19

3. Prosthetics

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	3	14	5	22
Number of dentures supplied	3	18	5	26

4. Anaesthetics

General Anaesthetics administered by Dental Officers	—

5. Inspections

a. First inspection at school. Number of pupils	29,005
b. First inspection at clinic. Number of pupils	319
Total number found to require treatment	18,678
Total number offered treatment	15,024
c. Pupils re-inspected at school or clinic	21
Number found to require treatment	10

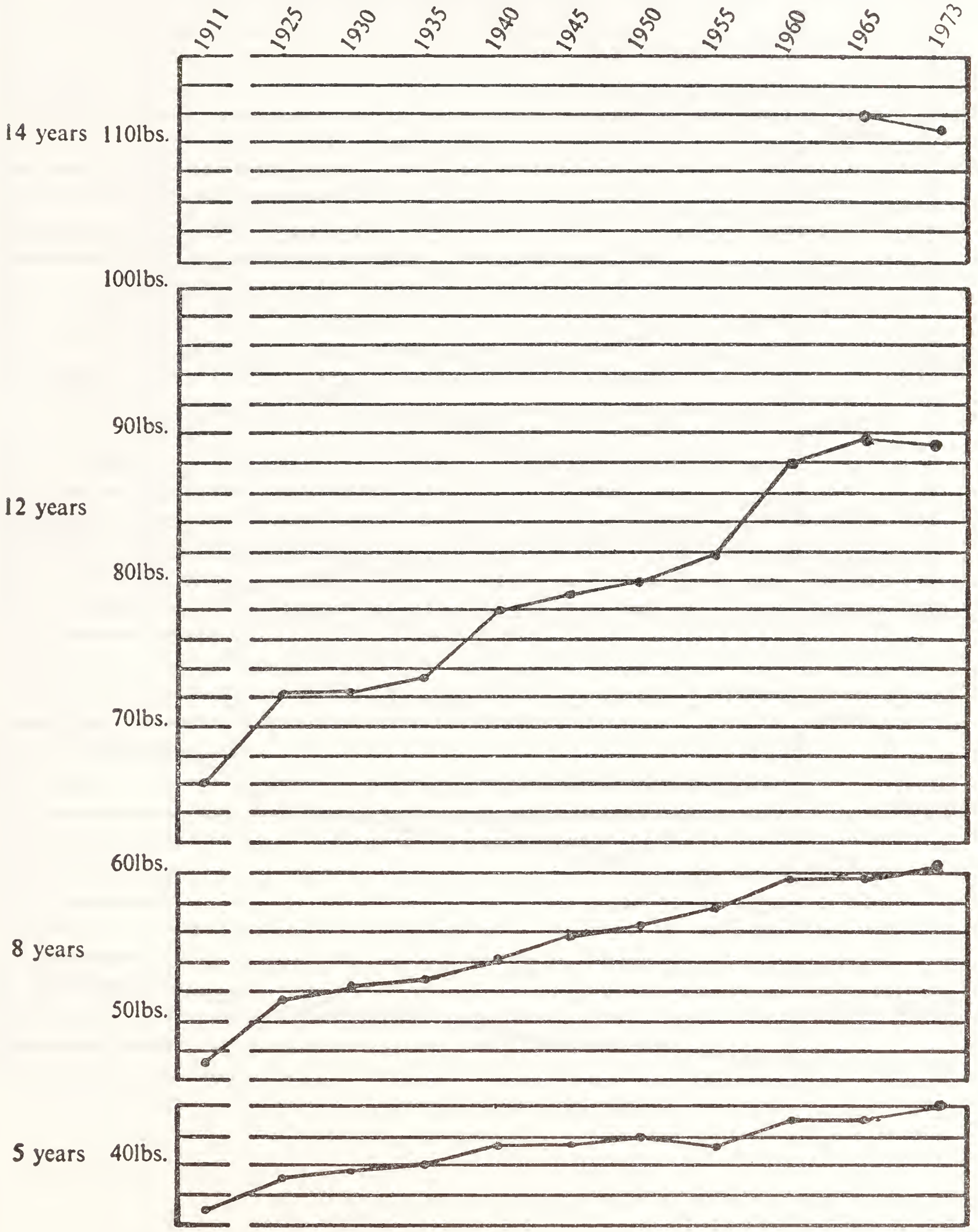
6. Sessions

Sessions devoted to treatment	3,673
Sessions devoted to inspection	319
Sessions devoted to Dental Health Education	72

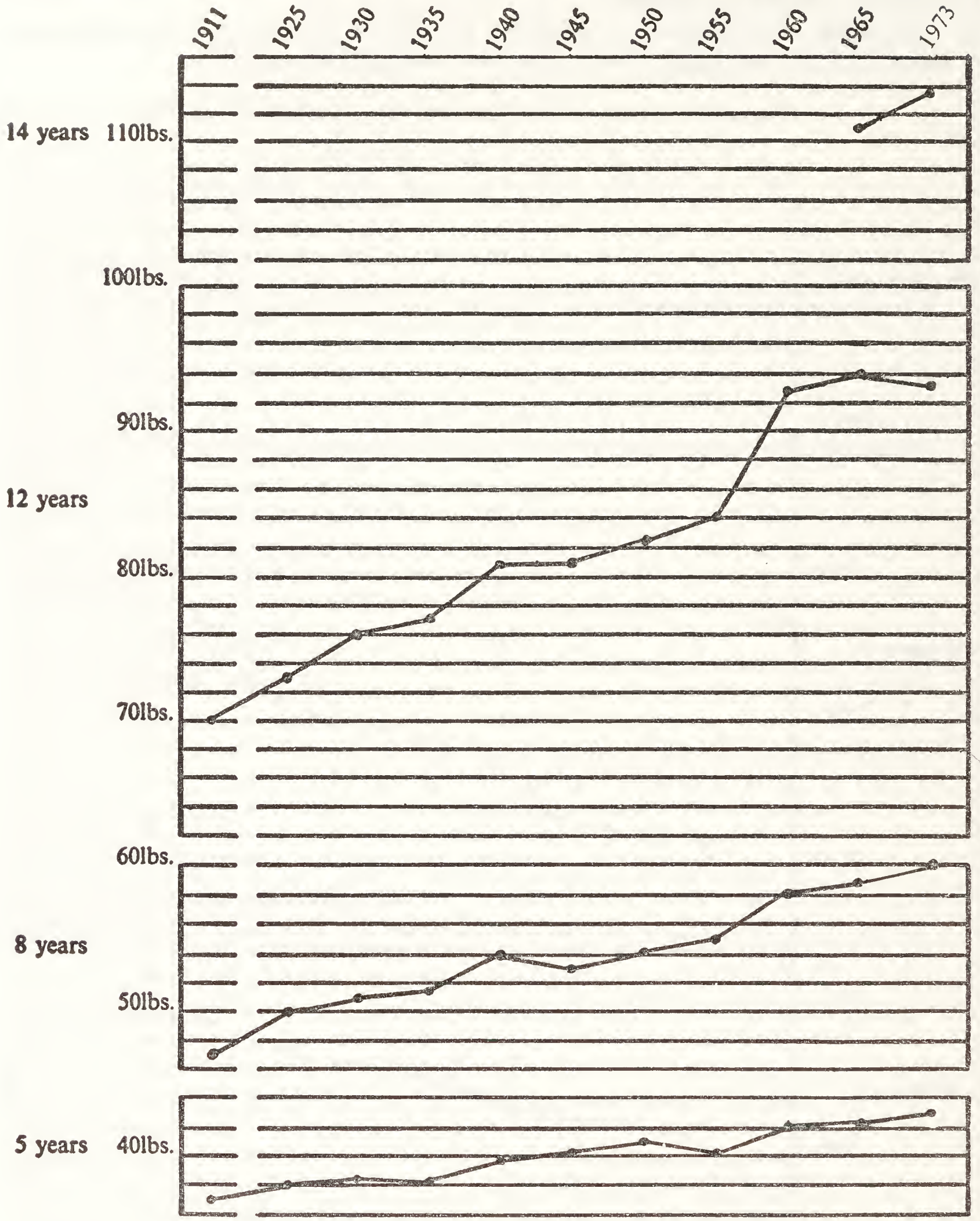
Comparative Heights and Weights

The heights and weights of the children in the selected groups of schools representing "Good", "Fair" and "Poor" districts are shown in the following graphs:

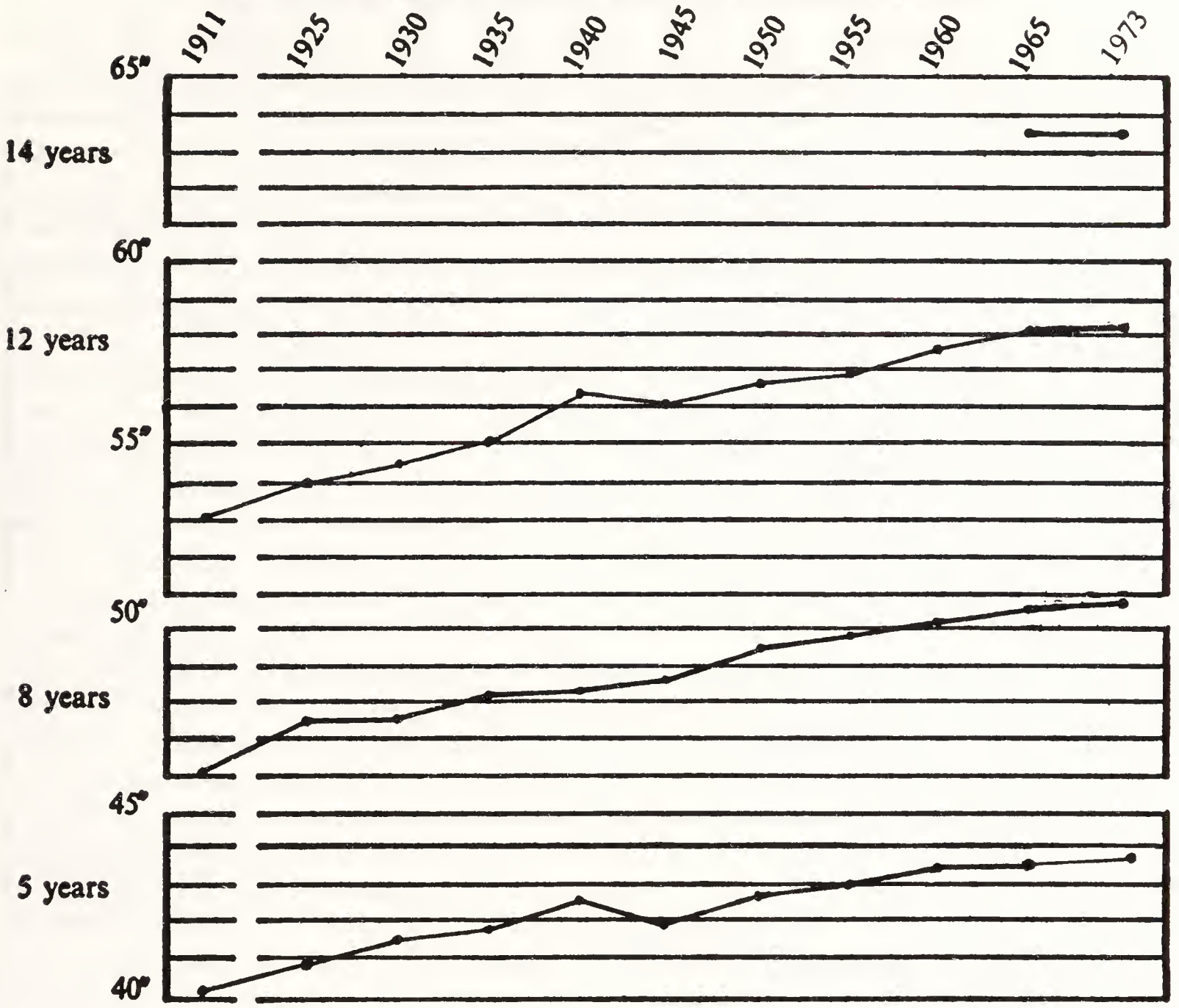
Comparative Average WEIGHTS of BOYS, Ages 5, 8, 12 and 14.



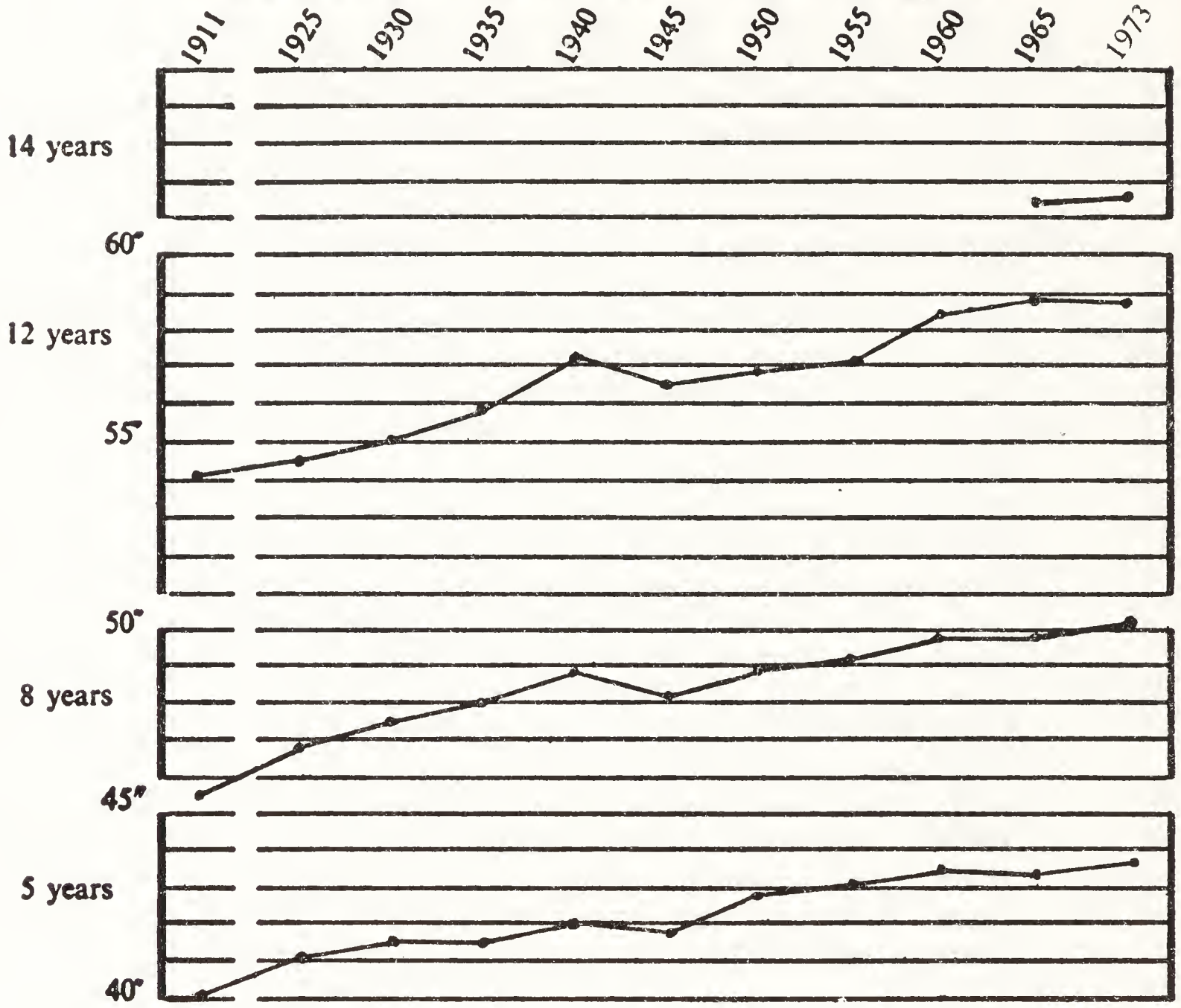
Comparative Average WEIGHTS of GIRLS, Ages 5, 8, 12 and 14



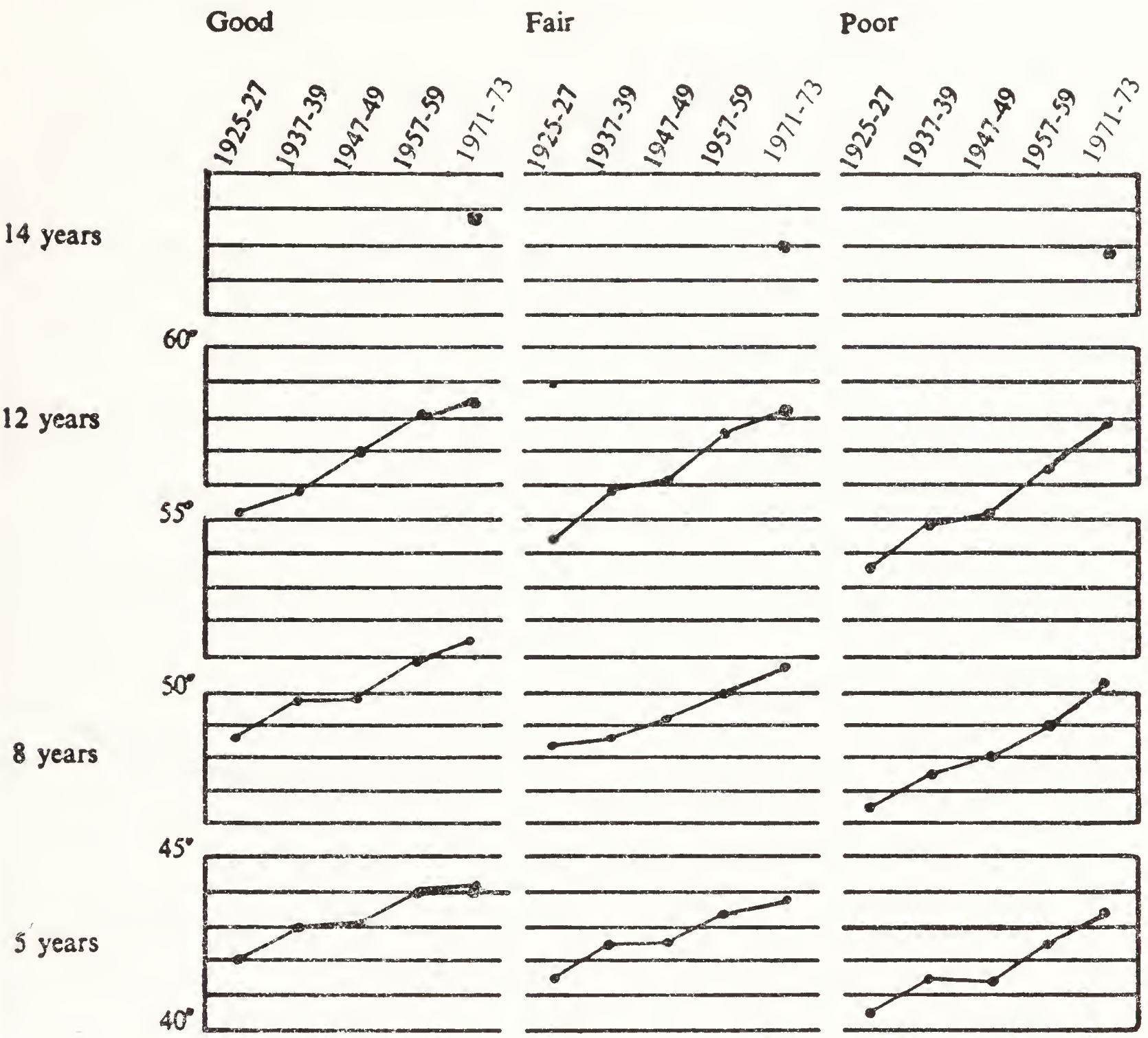
Comparative Average HEIGHTS of BOYS, Ages 5, 8, 12 and 14.



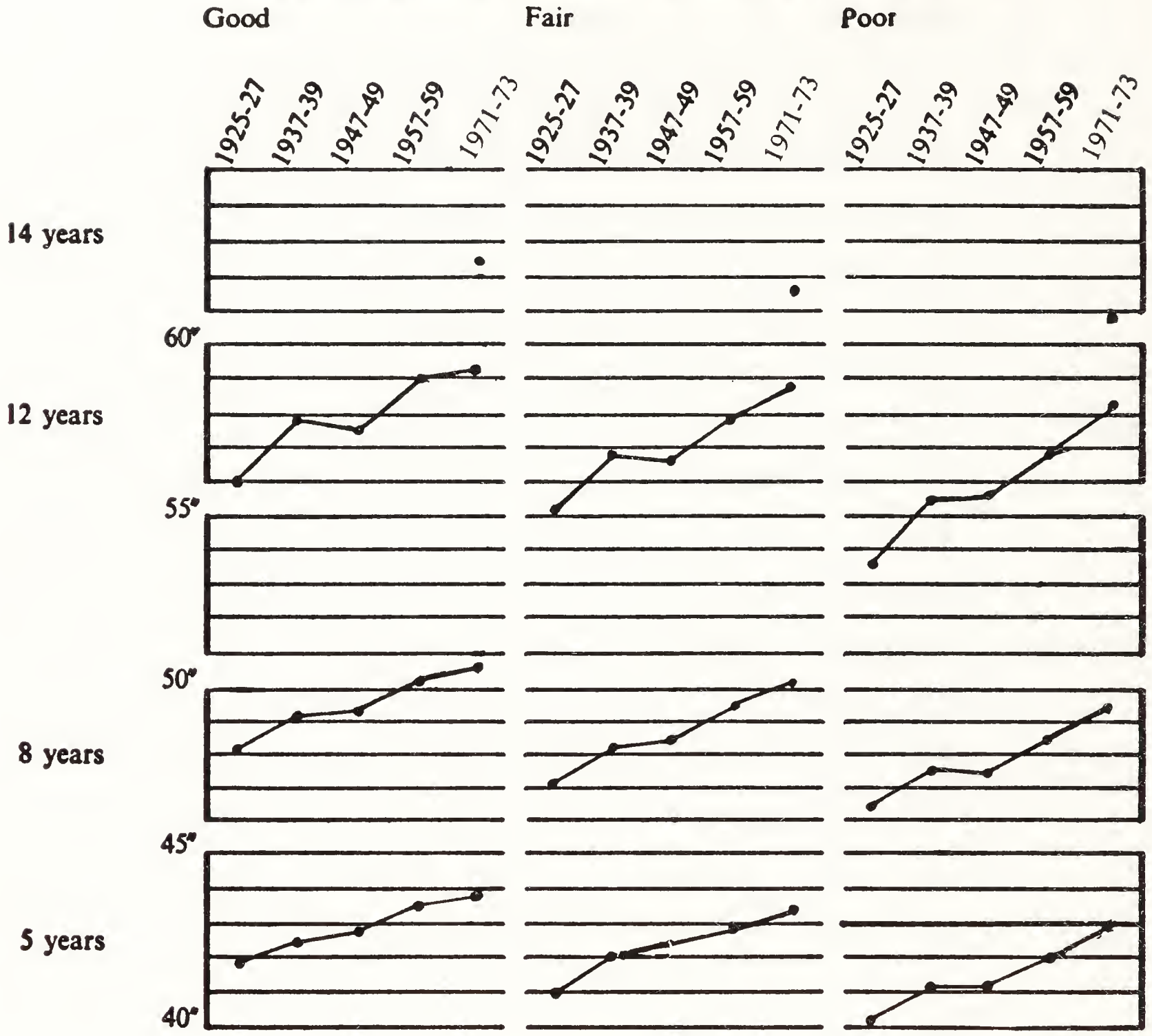
Comparative Average HEIGHTS of GIRLS, Ages 5, 8, 12 and 14.



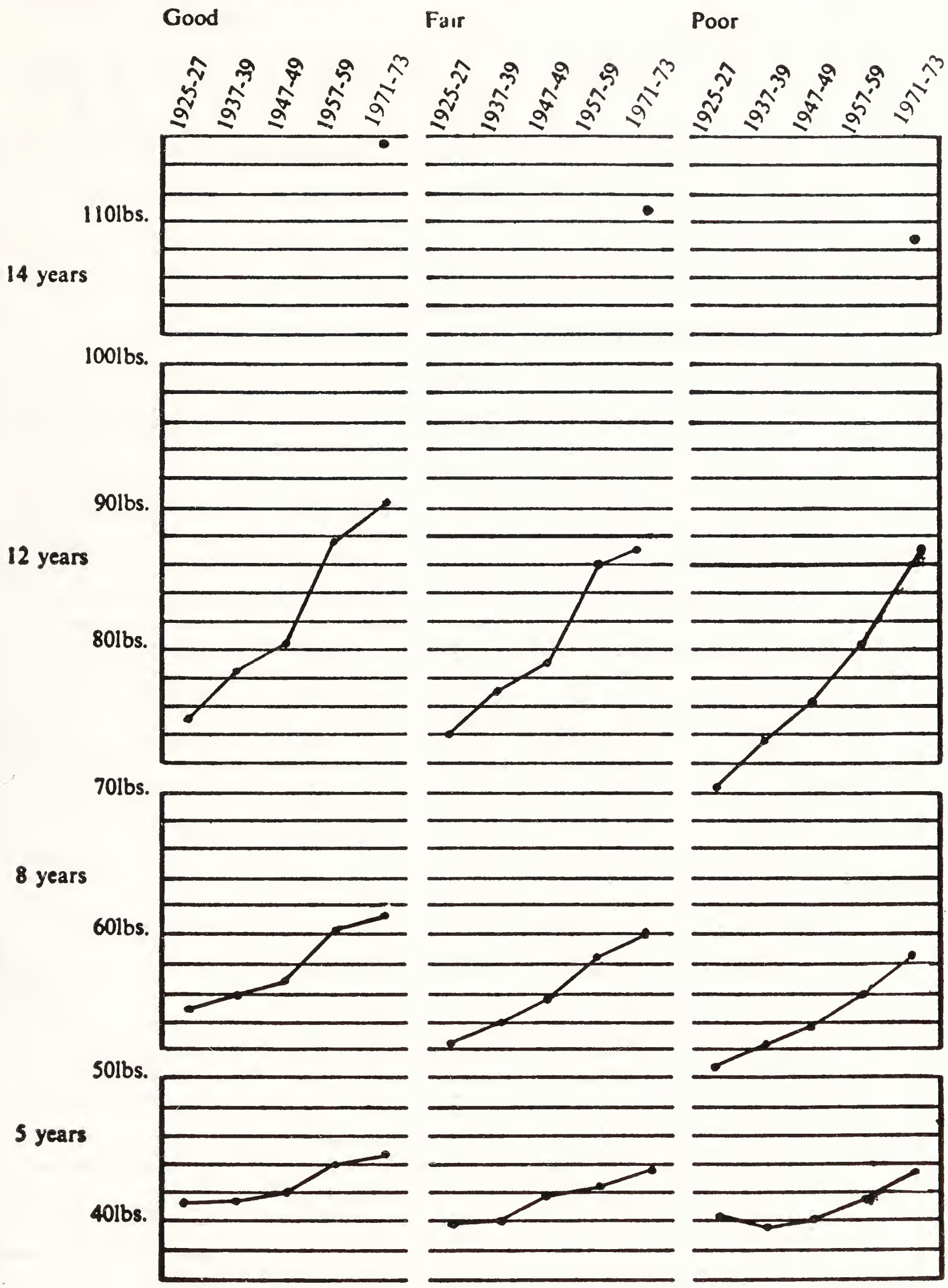
Comparative Average HEIGHTS of BOYS in five three-year periods.



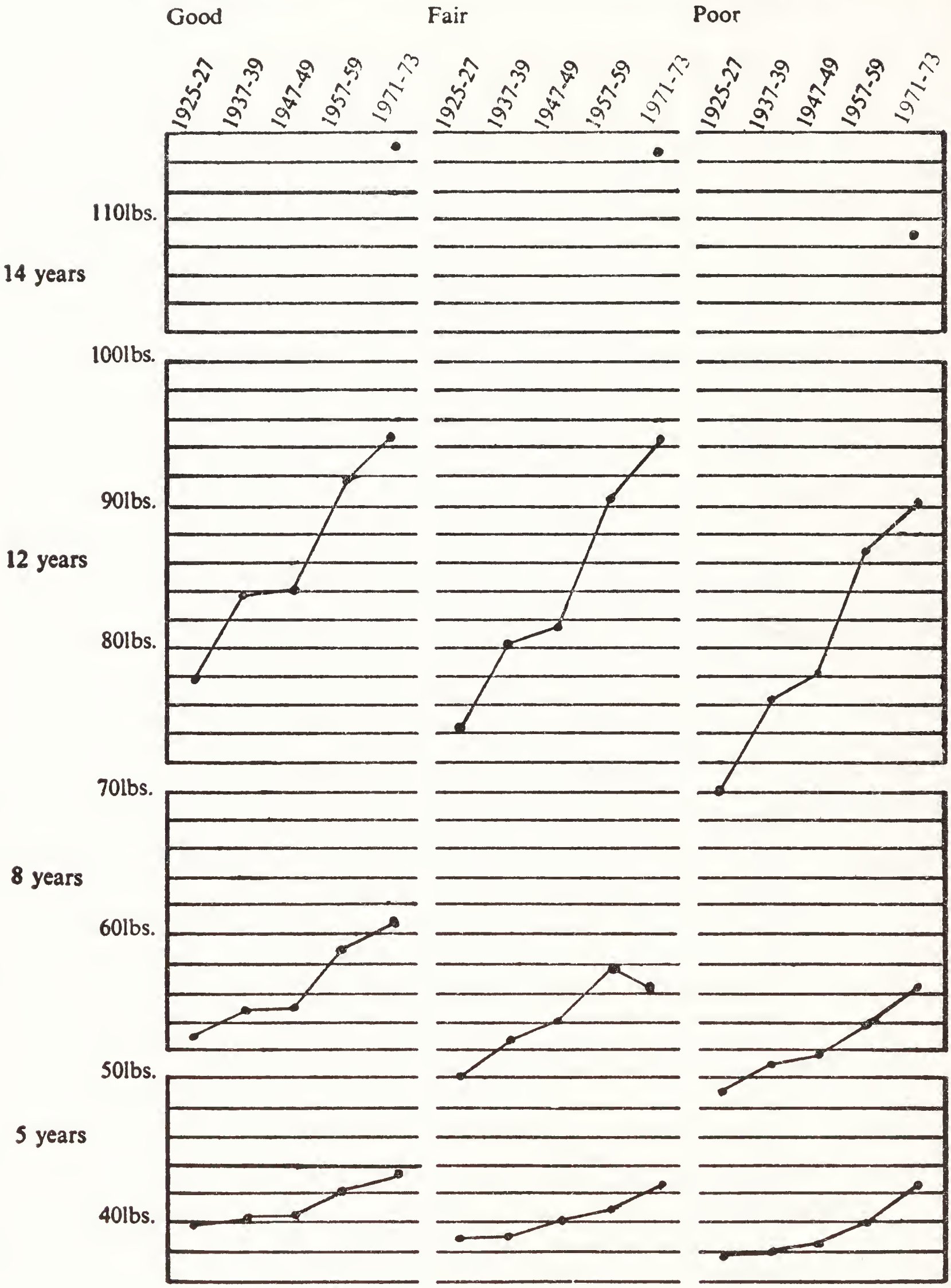
Comparative Average HEIGHTS of GIRLS in five three-year periods.



Comparative Average WEIGHTS of BOYS in five three-year periods.



Comparative Average WEIGHTS of GIRLS in five three-year periods.



Liverpool Education Committee

Appendix C List of school clinics showing the services provided indicated thus—

	Ascertainments	Inspections	Minor Ailments	Dental	Defective Vision	Audiology	Orthopaedic	Paediatrics	Speech	Child Guidance	Remedial Teaching
Belle Vale	●	●									
Carnegie, Arrad Street				●							
Central	●										
Clifton Street, Garston	●	●		●	●	●	●		●		●
Croxteth	●	●				●					●
Dovecot	●	●		●	●	●			●		●
Everton Road	●	●		●	●	●	●				●
Falkner Square	●									●	
Fazakerley		●		●							●
Hartington	●	●		●	●		●		●	●	
Norris Green	●	●		●	●	●			●	●	●
North Corporation	●	●			●	●					
North Way				●							
Old Swan		●									
Speke	●	●	●	●	●	●			●		
Sumall Street	●	●				●		●	●	●	●
Toxteth	●	●		●	●	●	●			●	●
Walton	●	●		●	●		●		●		●
Westminster Road	●	●	●								
Total	15	15	2	11	9	10	5	1	7	5	9